

My Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

\_\_\_\_\_  
 Petitioner

v.

\_\_\_\_\_  
 Respondent

**Findings of Fact and Conclusions of  
 Law on Petition to Modify Child  
 Custody, Parent-time and Support**

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

Commissioner \_\_\_\_\_

Having considered the documents filed with the court, the evidence and the arguments,  
 and now being fully informed,

**The Court Finds That:**

- (1) The controlling child custody, parent-time and child support order is:

Title of order:			
Name of Court:		State	
Address of Clerk of Court:		Phone Number of Clerk of Court:	
Case Number:		Case Name	
Date Signed:		Signed by Judge:	

- (2) There are \_\_\_\_\_ (number) children included in the controlling order whose names and birthdates are more fully described in the attached Non-Public Information-Minors Form. The initials and birth month and year of each child included in the controlling order are:

	Child's Initials	Birth Month and Year
(1)		
(2)		
(3)		
(4)		
(5)		

- (3) This court ☐ does ☐ does not have jurisdiction.
- (4) A material and substantial change in circumstances ☐ has ☐ has not occurred since the controlling order was entered. The court considered the following factors:

[illegible]

- (5) Changing custody ☐ is ☐ is not an improvement for and in the best interest of the children. The court considered the following factors:

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(6) The parties ☐ have ☐ have not complied with the pre-filing dispute resolution requirements of Subsection 30-3-10.4(1)(c).

(7) Post-modification dispute resolution. (Choose ☒ one.)

(A) ☐ The parties are not asking for an order of joint legal or physical custody.

(B) ☐ The parties are asking for an order of joint legal or physical custody. Dispute resolution shall be: (Choose ☒ one.)

☐ as the parties agree in the attached Parenting Plan

☐ as proposed in the attached Parenting Plan

☐ as described in the controlling order: (Quote the order exactly.)

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## PARENT-TIME

(8) Changing parent-time ☐ is ☐ is not in the best interest of the children.

## CHILD SUPPORT

(9) There ☐ are ☐ are not grounds to modify the controlling child support order.

(10) The modified child support is based on the parties' income or is imputed based on their work history. The required Child Support Worksheets have been provided by the parties.

(A) ☐ The requested child support amount is consistent with the guidelines.

OR

(B) ☐ The amount of child support requested is **not** consistent with the guidelines because complying with a provision of the guidelines or ordering an award amount resulting from use of the guidelines would be unjust, inappropriate, or not in the best interest of the child after considering: (Check all that apply.)

- ☐ the standard of living and situation of the parties;
- ☐ the relative wealth and income of the parties;
- ☐ the payor's ability to earn;
- ☐ the payee's ability to earn;
- ☐ an incapacitated adult child's ability to earn;
- ☐ benefits received by or on behalf of an incapacitated adult child;
- ☐ the needs of the payee, the payor, and the children;
- ☐ the ages of the parties;
- ☐ the responsibilities of the payor and the payee for the support of others.

(11) ☐ The controlling order should be modified to award  
☐ Petitioner ☐ Respondent the child tax exemption under the following terms:

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The payor has no child support arrears, and the change in the award of the tax exemption will result in a tax benefit to the parent awarded the exemption.

(12) ☐ ☐ Petitioner ☐ Respondent is not able to prosecute or defend this action unless ☐ Petitioner ☐ Respondent pays \_\_\_\_\_ % of the costs and attorney fees of the other party.

**The Court Concludes That:**

(13) The court ☐ does ☐ does not have jurisdiction.

(14) There ☐ are ☐ are not grounds to modify the controlling order.

(15) ☐ To enable ☐ Petitioner ☐ Respondent to prosecute or defend this action, it is necessary that ☐ Petitioner ☐ Respondent pay \_\_\_\_\_ % of the costs and attorney fees of the other party.

Approved as to form.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Sign here ►  
Petitioner or Attorney

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Sign here ►  
Respondent or Attorney

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Sign here ►  
Recommended by Commissioner

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Sign here ►  
Ordered by Judge

### Certificate of Service

I certify that I served a copy of these Findings of Fact and Conclusions of Law on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Respondent or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Child Support Division, if applicable)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Guardian ad Litem, if applicable)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ►

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_